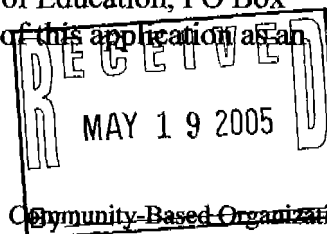


# MICHIGAN DEPARTMENT OF EDUCATION

## SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to [VrettasA@michigan.gov](mailto:VrettasA@michigan.gov).



### CHECK THE APPROPRIATE BOX:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> For Profit Company   | <input type="checkbox"/> Local School District        | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization         | <input type="checkbox"/> Public School Academy        | <input type="checkbox"/> Private School               |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization     |

### Section 1: Provider Identification

Name of Entity Edvantage Tutoring of Midland Inc. D.B.A. Sylvan Learning Center of Midland

Name of Director Tobin R. Yoder

Address 108 A W. Wackerly City Midland State MI Zip 48640

Phone (989) 633-9515 Fax (989) 633-9517 Email sylvanmidland@chartermi.net

Proposed Location of Services (if different from above):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If different from Director:

Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Section 2: Provider Geographic Service Area Information

#### 1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Midland County, Gratiot County, Isabella County, Bay County, Gladwin County, Clare County,  
and Saginaw County

#### 2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 108 A W. Wackerly Midland, Michigan 48640

Site Location #2: \_\_\_\_\_

Site Location #3: \_\_\_\_\_

**3. Transportation** – Provide information about accessibility to public transportation from your site:

County Connection 883 E. Isabella Rd. Midland, MI 48640 (989) 837-9540

Dial-A-Ride 4811 N. Saginaw Rd. Midland, MI 48640 (989) 837-6940

**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes ☐ No ☒

**Section 3: Provider Academic/Instructional Program Information**

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Reading, Writing, K-8<sup>th</sup> grade math, Algebra I, Algebra II, Geometry, Study Skills, Speed Reading,  
ACT/SAT Preparation

**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: K-12

**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School ☒ After School ☒ Weekends ☒ Summer ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring ☒ Small Group Instruction ☐ Large Group Instruction  
☐ Online Web-Based ☐ Other \_\_\_\_\_

**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 1 hour Number of Sessions per Week 2-8

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers ☐ Paraprofessionals ☐ Volunteers ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

☒ Special Education ☐ Limited English Proficient ☐ Other \_\_\_\_\_

**Section 4: Provider Fees**

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

☒ \$40.00 per hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$\_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.